•	12 4 1
I. PLACE OF BIRTH BUREAU OF VI	BOARD OF HEALTH ITAL STATISTICS IFICATE OF BIRTH State File No. 3 (1) Registered No. 3 (1)
Sounty Jila	State arisona
District or Township	
mani so 921 Time Oak St. s.	
(M birth occurred in a hospital or Institution, give its NAME instead of street and number) 2. Full name of child I AMCARCA (Market) [If child is not yet named, maket]	
supplemental report, as directed.	
To be answered ONLY in event of plural births. To be answered ONLY 4. Twin, triplet or other in event of plural 5. No., in order of birth.	7. Date of birth 144 - 6 - 1927
· FATHER A	14. MOTHER
ull name Francisco Somes	Full maiden name Terloa Streeta
9. Residence (Usual place of abode) Miami	15 Residence (Usual place of abode) Miami,
If non-resident, give place and state. Wigova.	If non-resident, give place and state. Unisona.
0. Color or race	16 Color or race
Mly 11. Age at last birthday. 23 (Years)	Mey. 17. Age at last birthday 24 (Years)
13. Birthplace (city or place). Sonora	18. Birthplace (city or place) Sonora
(State or country) Mlf.	(State or country) Mex
13. Occupation	19. Occupation
Nature of Industry Miner	Nature of industry Housewile
	nd now living 2 21. Were precautions taken mainst oph- ut now dead thaimia meonatorum? Yes
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I fiereby certify that I attended the birth of this child, who was Down or Midwig at # A m. on the date above stated	
When there was no attending physician Signature 10 M/14 W 10 1 And 1 M. 10	
hild is one that neither breathes nor	
ven name added from	
Month, day, year Filed leng 15 1, 27	
Registrar	
$\frac{1}{2}$	

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